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The FY 2003 Spring POC Conference

I want to thank everyone for their quick response concerning their travel plans for the conference in April. The conference will be held at the **Roney Palace Resort Hotel in South Beach Florida**. Attendees should fly into the Miami International Airport and get the Super Shuttle for \$18. Parking is available at the hotel for \$25 per night. Daily parking passes are \$10 and does not include 'in and out' service.

This conference is unit funded and NO funds are available from TRICARE for travel. There will not be a social event hosted on Tuesday evening. The hotel is within walking distance of many restaurants and other points of interest in South Beach.

Before registering, make your hotel reservations by calling 305.604.1000 or toll free 800.432.4317. Be sure and tell them you are part of the TRICARE Conference to ensure you receive the Gov't Lodging Rate. **You will need your hotel confirmation number to register for the conference.**

Please register for the conference online at

http://tricare15.army.mil/POC_Conference/TLAC_POC_EntryForm.cfm.

See the attached Conference Information Sheet and Conference Agenda for more information.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is federal legislation focused on protecting Private Health Information (PHI) at all levels of care. The following is an excerpt from the Center for Medicare and Medicaid Services (CMS) website

"HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. The Centers for Medicare & Medicaid Services (CMS) is responsible for implementing various unrelated provisions of HIPAA, therefore HIPAA may mean different things to different people. Here's a directory of CMS's business activities with regard to HIPAA.

HIPAA Health Insurance Reform

Title I of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects health insurance coverage for workers and their families when they change or lose their jobs. Visit this site to find out about pre-existing conditions and portability of health insurance coverage.

HIPAA Administrative Simplification

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require the Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data. Adopting these standards will improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care."

We recently sent two emails that identified the need to 'protect' information whether transmitted via fax or email and how to protect it. It is imperative that we all follow those simple rules, both to comply with the new federal regulations and to protect the Private Health Information of our beneficiaries.

If you need those emails resent let us know. We will be sending out additional information on HIPAA requirements and compliance in the future.

WPS Customer Service Phone Numbers for TRICARE Overseas are 608.301.2310 and 608.301.2311

TRICARE Mail Order Pharmacy Begins

March 3, 2003

Starting March 1, 2003, the TRICARE Mail Order Pharmacy (TMOP) program replaced the National Mail Order Pharmacy (NMOP) program as the prescription mail order pharmacy benefit for Department of Defense (DoD) Military Health System beneficiaries. The TRICARE pharmacy benefit and co-payments remain the same -- only the program name and benefit manager have changed.

Express Scripts Inc., a leading benefit prescription manager in the United States, is the new TMOP benefit manager. To be eligible for the new pharmacy benefit, the sponsor and family member must both be enrolled and eligible in the Defense Enrollment Eligibility Reporting System (DEERS). Members of the National Guard and Reserve and their family members are also eligible for TMOP if the sponsor is on federal (Title 10 or Title 32) active duty orders for more than 30 days and their DEERS information is up-to-date. TRICARE eligibility for sponsors and family members is effective on the date of activation on the sponsors' orders.

"Under TRICARE, beneficiaries have three options for filling their prescriptions. They can use a military treatment facility, a TRICARE retail network pharmacy, or TMOP," said Army Col. William Davies, director, DoD Pharmacy programs.

Prescription medications filled under TMOP cost \$3 for a 90-day supply for generic medications, and \$9 for a 90-day supply for most brand-name medications. Prescriptions filled using a retail network pharmacy cost \$3 for a 30-day generic supply and \$9 for a 30-day supply for most brand-name medications.

"We want beneficiaries who have long-term medication needs to consider using the mail order program. It provides up to a 90-day supply of most medications for a single co-payment, whereas they only receive a 30-day supply for a single co-payment in the retail network pharmacy system," Davies said.

Before a prescription can be filled, each beneficiary must complete a one-time Express Scripts Registration Form and return it to Express Scripts for processing. The registration form is available online at <http://www.express-scripts.com> or may be picked up at any military treatment facility or regional TRICARE Service Center.

NOTE: TRICARE Service Center directory is available online at <http://www.tricare.osd.mil/tricare-servicecenters/default.cfm>

The TMOP registration form, new prescription and payment (by credit card, check or money order) should be returned to the address provided on the registration form. The beneficiary's name; the sponsor's Social Security number, address, and telephone number; and the provider's name, address and telephone should be clearly written on each prescription submitted. Express Scripts can mail prescriptions to any U. S. postal address or APO/FPO address (except a private foreign address) overseas. Sponsors and family members assigned to an embassy without an APO/FPO address must use their official Washington, D.C., embassy address to receive prescription medications.

Prescriptions for beneficiaries residing overseas must be prescribed by providers who are licensed to practice in the U. S. Deliveries for locations within the U. S. require approximately 5 to 7 days to process. Additional time may be required for prescription medications delivered overseas.

Beneficiaries covered by a pharmacy benefit under other health insurance (OHI) may only use TMOP if their OHI does not cover the medication they need, or if the pharmacy benefit under the OHI plan has been exhausted. If the medication required is covered under TMOP, Express Scripts will fill the prescription as long as the beneficiary has no other pharmacy benefit available or until the beneficiary's pharmacy benefit is renewed under the OHI.

Beneficiaries may check the status of their new or refill prescription orders anytime at <http://www.express-scripts.com> or by calling toll free, (866) DoD- TMOP (866) 363-8667. Active duty sponsors may verify or update DEERS information for themselves or their family members by contacting or visiting their local military identification (ID) card issuing facility. Sponsors may locate the nearest military personnel office or ID card facility on the DEERS Web site at <http://www.dmdc.osd.mil/rsl/> to verify DEERS eligibility. Sponsors may also verify DEERS eligibility by calling DEERS toll free at (800)-538-9552.

NOTE: More TMOP and TRICARE pharmacy related information is available at <http://www.tricare.osd.mil/pharmacy/tmop.cfm>

early years are learning years

Child Care is Education . . . and More

Millions of children spend a part of the day in child care while their parents work. These settings—in centers and in homes—are places where children can learn and grow. In 1989, the President and the nation's governors developed a set of national education goals to improve the quality of education in America. Although the first goal focused on school readiness, child care has often been viewed as falling outside that picture. The tenth anniversary of the goals is an important opportunity to redefine education and recognize that quality child care is part of a system of learning that affects child development.

We know that children's language and cognitive skills thrive in quality child care programs, with responsive caregivers who are adequately trained and supported. In poor quality programs, opportunities to stimulate development are lost or squandered. In large groups with few trained staff; in centers and homes where children have few opportunities to be read to, to be listened to, to be held; and in programs where television or isolation replace human interaction and communication, children learn that they have little affect on their environment—precisely the wrong message to promote readiness and school success.

Traditionally, three "places" have been seen to affect a child's education: family, school and community. Child care is part of all three. Child care is a family support. Not only is child care often provided by relatives and other family members, but from the perspective of the child as well as the family, child care is often an extension of the home. Child care provides many opportunities to help parents succeed as "first teachers."

For young children, child care is school; just listen to any group of 3- and 4-year-olds talking about "my teacher." They have demystified the dichotomy that has fractured the early childhood field for so long. They know it is not child care *and* education—child care *is* education. Research clearly tells us that early experiences matter. It doesn't matter *where* it happens or what the building is called, what matters is *what* happens once the children arrive.

More recently, we have come to appreciate the importance of the community to child development—both the climate in a community and the services provided. Child care is an important part of the community. For school-age children, child care is the "new neighborhood," whether sponsored by schools or by any of a wide-range of community-based organizations.

People are often reluctant to talk about child care as education. We worry that the term *education* is too limiting. We believe that somehow child care is more than education—that it is child development, that it includes health, that it should be supportive of families and their working schedules. These beliefs are not part of the traditional purpose of education, although this too is changing. Also, since child care includes babies and toddlers, traditional education terms don't seem to fit.

Despite these concerns, if we are to improve child care, it must be seen as a service for children as well as their parents—it must be seen as education and more. We must step up efforts to ensure that funding is provided to improve the quality of those places where children go before they enter school or at the end of the school day. That means providing some funds directly to child care programs to improve their educational services—funding for accreditation, teacher training, and increased compensation.

Improving child care also means enhancing family child care networks, providing home visiting and literacy programs to kith-and-kin providers as well as parents, and ensuring that care that goes on after school is connected programmatically to what goes on during the school day. We must also keep up our efforts to bring health resources into child care—particularly health consultants who can help ensure health and safety as well as health promotion. Education for young children begins with health, and these links must continue into adolescence.

This year, states and communities will develop new plans for child care and continue their education reform efforts. By July, state child care agencies must submit a two-year plan for their share of the Child Care and Development Fund. New funds have been added that target quality. Every state must hold hearings on their state plan. At the same time, many states are expanding their preschool efforts and implementing new child-health initiatives. Additional state, federal, and private funds are needed to ensure more improvements and make child care more affordable for more families.

This is the time to take every available opportunity—from the classroom and the living room to the hearing room and the board room—to bring these efforts together in order to provide safe, healthy learning environments. Parents should be encouraged to join in this effort. We have to send a message to decision makers that while parents work, we must make sure that child care works for children.

Joan Lombardi, Ph.D., a former NAEYC Governing Board member, served in the U.S. Department of Health and Human Services from 1993-1998, as the first Associate Commissioner and Director of the Child Care Bureau and later as Deputy Assistant Secretary for External Affairs in the Administration for Children and Families. This article originally appeared in the January 1999 issue of *Young Children*, the journal of the National Association for the Education of Young Children. Copyright by Joan Lombardi, 1941 Shiver Drive, Alexandria, VA 22307. Reprinted with permission.